

APPLICATION for WASTEWATER TREATMENT PLANT APPRENTICE to REQUEST CERTIFICATION

State Form 53785 (11-08) Approved by State Board of Accounts, 2008 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Status Remarks

FOR OFFICE USE

Classification

Pursuant to 327 IAC 5-22 NOTE: A \$30.00 FEE MUST BE SUBMITTED WITH EACH CERTIFICATION APPLICATION. FAILURE TO FILE A PROPERLY COMPLETED APPLICATION MAY RESULT IN THE APPLICATION BEING DISAPPROVED. (APPLICATION FEE IS NONREFUNDABLE.) Apprentice Card Number: Expiration date (month, day, year): Certification requested: (check one) Municipal: □ I-SP □ I □ II □ III □ IV Industrial: □A-SO □A □B □C □D I. GENERAL INFORMATION FOR ALL APPLICANTS (please type or print legibly) A. Name of applicant (last, first, middle) ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. B. Mailing Address (number and street): Citv: State: ZIP code: County: Office telephone number: Home telephone number: Fax number: C. Date of birth (month, day, year): E-mail address: D. Have you ever applied for wastewater certification in E. Are you presently a certified operator in Indiana? □Yes Indiana before? ☐ Yes ☐ No Certification Number: **Expiration Date:** F.Have you ever been the subject of a wastewater license G. If yes, list the date and the result of the investigation or proceeding. Attach suspension or revocation proceeding or investigation? additional sheets if necessary. □Yes □ No II. EDUCATION AND TRAINING-Must be completed for certification applicants. List below all high schools and post high schools attended. From Diploma (GED) or Type of Name/Location of School To (Month/Year) (Month/Year) Degree and Date of Graduation High Sch. Grad? ☐ Yes ☐ No College Grad? ☐ Yes ☐ No Other: If you are applying for Class IV / Class D certification, original transcripts must be enclosed. For the consideration of using college education to substitute for work experience, original college transcripts must be enclosed. ☐ If you would like to have your original transcripts returned, please check the box and enclose a self-addressed, stamped envelope. Continuing Education completed which is relevant to Certification: **Dates Attended** Credits or Contact Hours¹ Title of Specialized Training or Class Company/School Attended (month, day, year) earned:

Copies of credit report forms (and in the case of on-line courses, certificates of completion) must be enclosed.

[&]quot;Contact Hour" means a fifty (50) to sixty (60) minute instructional session, approved by the Commissioner and involving a qualified instructor or lecturer. Ten (10) contact hours equals one (1) continuing education unit (CEU).

III. OPERATIONAL EXPERIENCE HISTORY-Must be completed for certification applicants

List your current assignment first. Show all *acceptable experience* in wastewater treatment plants. "Acceptable experience" means employment in the actual hands-on operation, maintenance, management, or supervision of a wastewater treatment plant. Acceptable experience shall be obtained under the supervision of a certified operator or by otherwise demonstrating that your experience meets the requirements.

Date (Month/Year)		Position Information								
From:	То:	Position Title	Name of Facility		Class of Facility	Location (City & State) of Facility				
Hours Pe	er Week	Cert.Op.in Responsible Cha	rge/Facility	Type of Treatment/Ave	erage Flow	NPDES Permit Number				
		Daily Job Duties (be specific, include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator)								
		Position Title	Name of Facility		Class of Facility	Location (City & State) of Facility				
Hours Pe	er Week	Cert.Op.in Responsible Cha	rge/Facility	Type of Treatment/Ave	,	NPDES Permit Number				
		Daily Job Duties (<u>be specific</u> , include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator)								
		Position Title	Name of Facility		Class of Facility	Location (City & State) of Facility				
Hours Pe	er Week	Cert.Op.in Responsible Cha	rge/Facility	Type of Treatment/Ave	erage Flow	NPDES Permit Number				
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		Position Title	Name of Facility		Class of Facility	Location (City & State) of Facility				
Hours Pe	er Week	Cert.Op.in Responsible Cha	rge/Facility	Type of Treatment/Ave	erage Flow	NPDES Permit Number				
		Daily Job Duties (<u>be specific</u> supervision of a certified ope		entage of your time is/w	vas spent in hands-d	on operation at a WWTP under the				

IV. RESPONSIBLE CHARGE EXPERIENCE

(Must be completed by Class III, IV, C, and D certification applicants; optional for other classes)

List specific duties for positions of responsible charge. "Responsible charge" means the certified operator who makes process control or system integrity decisions about the overall daily operation, maintenance, management, or supervision of a wastewater treatment plant necessary to meet the performance requirement and limits of the assigned permit and any applicable local ordinance or other regulatory requirements. In Class III, IV, C, or D plants, the individual supervising and responsible for a major section of the plant or an operating shift may be credited with responsible charge experience. Additional sheets may be attached, as necessary.

Date (Month/Year) From: To:		Position Information							
110	10.	Position Title	Name of Facility		Class of Facility	Location (City & State) of Facility			
Hours Pe	er Week	Cert.Op.in Responsible Cha	ge/Facility	Type of Treatment/Ave	erage Flow	NPDES Permit Number			
		Daily Job Duties (<u>be specific</u> , include what percentage of your time supervision of a certified operator)			ras spent in hands-d	on operation at a WWTP under the			
	<u> </u>	Position Title	Name of Facility		Class of Facility	Location (City & State) of Facility			
Hours Pe	er Week	Cert.Op.in Responsible Cha	ge/Facility	Type of Treatment/Ave	erage Flow	NPDES Permit Number			
		Daily Job Duties (<u>be specific</u> supervision of a certified ope		entage of your time is/w	vas spent in hands-c	on operation at a WWTP under the			
		Position Title	Name of Facility		Class of Facility	Location (City & State) of Facility			
Hours Pe	er Week	Cert.Op.in Responsible Cha	ge/Facility	Type of Treatment/Ave	erage Flow	NPDES Permit Number			
		supervision of a certified ope	erator)	entage of your time is/w		on operation at a WWTP under the			
		Position Title	Name of Facility		Class of Facility	Location (City & State) of Facility			
Hours Per Week		Cert.Op.in Responsible Cha	,	Type of Treatment/Ave	-	NPDES Permit Number			
		Daily Job Duties (<u>be specific</u> , include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator)							
		Position Title	Name of Facility		Class of Facility	Location (City & State) of Facility			
Hours Pe	er Week	Cert.Op.in Responsible Cha	ge/Facility	Type of Treatment/Ave	erage Flow	NPDES Permit Number			
		Daily Job Duties (<u>be specific</u> supervision of a certified ope		entage of your time is/w	as spent in hands-d	on operation at a WWTP under the			

V. SIGNATURE OF APPLICANT (Required) I, the undersigned, certify that I am the above applicant; that all statements made and information regarding education, training, acceptable experience and responsible charge experience are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for, revocation of any certification granted or voiding a decision made regarding my application. I also consent to verification of my qualifications for the certificate for which I have applied. Signature of Applicant Date (month, day, year) VI. SIGNATURE OF APPLICANT'S SUPERVISOR (Required for certification applicants) I, the undersigned, hereby certify the information contained in Sections II, III, and IV of this application is true and correct to the best of my knowledge. have supervised this individual for years. Signature of Supervisor Date (month, day, year) Printed Name of Supervisor Title Wastewater Cert. Number, if applicable Name of Organization Address (number and street name, city, state, zip code) Fax Number: Telephone number: The completed application, along with all required fees and attachments should be mailed to: Cashier Indiana Department of Environmental Management 100 N. Senate Ave - Mail Code 50-10C Indianapolis, IN 46204-2251 Please make all checks payable to the Indiana Department of Environmental Management. DO NOT SEND CASH.